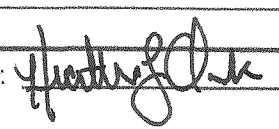


<b>1. Incident Name</b> <b>Gold King Mine Incident Region 9</b>	<b>2. Operational Period to be covered by IAP (Date/Time)</b> From: 15AUG15 0700      To: 16AUG15 0700	<b>CG IAP COVER SHEET PERIOD 3</b>																		
<b>3. Approved by Incident Commander(s):</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;"><u>ORG</u></th> <th style="width: 15%; text-align: left;"><u>NAME</u></th> <th style="width: 70%;"></th> </tr> </thead> <tbody> <tr> <td>US EPA</td> <td>Bret Moxley</td> <td style="text-align: right; font-size: 1.5em;">Bret Moxley 8/14/15</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			<u>ORG</u>	<u>NAME</u>		US EPA	Bret Moxley	Bret Moxley 8/14/15												
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<h2 style="margin: 0;">INCIDENT ACTION PLAN</h2> <p style="margin: 5px 0;">The items checked below are included in this Incident Action Plan:</p> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 202-CG (Response Objectives) _____  <input checked="" type="checkbox"/> ICS 203-CG (Organization List) – OR – ICS 207-CG (Organization Chart) _____  <input checked="" type="checkbox"/> ICS 204-CGs (Assignment Lists)              One Copy each of any ICS 204-CG attachments: _____  <input checked="" type="checkbox"/> ICS 205-CG (Communications Plan) _____  <input checked="" type="checkbox"/> ICS 206-CG (Medical Plan) _____  <input checked="" type="checkbox"/> ICS 208-CG (Site Safety Plan) or Note SSP Location _____  <input checked="" type="checkbox"/> Map/Chart _____  <input checked="" type="checkbox"/> Weather forecast / Tides/Currents _____  <u>Other Attachments</u>  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____         </div>																				
<b>4. Prepared by:</b> Heather Clark (USCG GST) Deputy Planning Section Chief <span style="float: right; text-align: right;"> <b>Date/Time</b>            14AUG15         </span>																				

# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> Gold King Mine Incident Region 9	<b>2. Operational Period:</b> Date From: 15AUG15 Time From: 0700	Date To: 16AUG15 Time To: 0700											
<b>3. Objective(s):</b> 1. Safety - Provide safe working environment for all response personnel. - Maximize protection of public health and welfare. - Identify safety issues and monitor adherence to the Health and Safety Plan. 2. Sampling - Conduct daily water and sediment sampling at 11 identified sites on the San Juan River. 3. Water and Agricultural Needs - Procure water truck and establish watering points. - Establish need and delivery of feed for livestock. 4. Public Outreach - Coordinate public forum at which Navajo tribal leaders and community members can address Incident Command representatives. - Set up a public meeting with members of the Navajo nation													
<b>4. Operational Period Command Emphasis:</b> - Ultimate safety of responders and the public. - Build stronger relationship between Incident Command and the public - Continue water sampling and analysis.													
<b>General Situational Awareness</b> - Potential weather (lightening, heavy rain, etc) - Heat Stress - Fatigue - Driving on off-road terrain													
<b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>													
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> ICS 202</td> <td><input checked="" type="checkbox"/> ICS 206</td> <td rowspan="5"> <b>Other Attachments:</b>  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____         </td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 207</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> </tr> </table>			<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<b>Other Attachments:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents
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<input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents												
<b>7. Prepared by:</b> Name: Heather Clark (GST) Position/Title: Deputy PSC Signature: _____													
<b>8. Approved by Incident Commander:</b> Name: Bret Moxley Signature: <i>Bret Moxley</i>													
ICS 202	IAP Page _____	Date/Time: 13AUG15 1700											

# ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Gold King Mine Incident - Region 9		<b>2. Operational Period:</b> Date From: 15AUG15 Time From: 0700		Date To: 16AUG15 Time To: 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	Bret Moxley - EPA R9 OSC		Chief	Maggie Waldon	EPA
			Deputy		
Deputy			Staging Area		
Safety Officer	Gary Barnum - USCG PST		Branch	Navajo	
Public Info. Officer			Branch Director	Maggie Waldon	EPA
Liaison Officer			Deputy		
<b>4. Agency/Organization Representatives:</b>			Division/Group	Water Sampling	Patricia Bleley
Agency/Organization	Name		Division/Group	Water and Agricultural	Dan Heister
Navajo Liaison	David Nez		Division/Group		
Navajo IC	LT Phillip Joe		Division/Group		
			Division/Group		
			Branch	Community Relations	
			Branch Director	Amanda Pease	EPA
			Deputy		
<b>5. Planning Section:</b>			Division/Group		
Chief	Sheridan McClellan (USCG GST)		Division/Group		
Deputy	Heather Clark (USCG GST)		Division/Group		
Resources Unit			Division/Group		
Situation Unit	Kathleen Dillon (USCG AST)		Division/Group		
Documentation Unit			Branch	Lake Powell (TBD)	
Demobilization Unit			Branch Director	Tom Dunkleman	EPA
Technical Specialists			Deputy	Bill Robbeson (Liaison)	EPA
			Division/Group	Water Sampling	START
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
<b>6. Logistics Section:</b>			Division/Group		
Chief			Division/Group		
Deputy	Jason Curry (ERRS)		<b>Air Operations Branch</b>		
Support Branch			Air Ops Branch Dir.		
Director	Patrick Bennett (ERRS)				
Supply Unit	Robert Wiscombe (ERRS)				
Facilities Unit			<b>8. Finance/Administration Section:</b>		
Ground Support Unit			Chief	Kay Lawrence	
Service Branch			Deputy		
Director			Time Unit		
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
Food Unit			Cost Unit		
<b>9. Prepared by: Name:</b> Heather Clark			<b>Position/Title:</b> Deputy PSC		
<b>Signature:</b> 					
<b>ICS 203</b>		<b>IAP Page</b> _____		<b>Date/Time:</b> 14AUG15	

<b>1. Incident Name</b> Gold King Mine Response Region 9		<b>2. Operational Period (Date/Time)</b> From: 15AUG15 To: 16AUG15		<b>Assignment List</b> ICS 204-CG																																																																															
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<b>7. Work Assignments</b> Coordinate forum for community members and Navajo representatives to voice concerns and ask questions of Incident Command.  A meeting is scheduled at the following at the Nenahneza Chapter and will attended by members of the Nenahneza, Upper Fruitland, Hogback and San Juan Chapters.																																																																																			
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ASSIGNMENT LIST

ICS 204-CG (Rev 04/04)

<b>1. Incident Name</b> Gold King Mine Response Region 9		<b>2. Operational Period (Date/Time)</b> From: 15AUG15      To: 16AUG15		<b>Assignment List</b> ICS 204-CG																																																																															
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<b>7. Work Assignments</b> Conduct water and sediment sampling at the following locations: A - Will conduct samples via Land SJLP - San Juan at La Plata Highway, SJFP - PNM Intake (Fish Pass), SJHB - San Juan at Hogback B - Will conduct samples via Land SJSR - San Juan at Ship Rock, SJDS-San Juan DS from Shiprock, SJ4C - San Juan at 4 corners C - Will conduct samples via Vessel SJME - San Juan at McElmo Creek, SJMC - San Juan at Montezuma Creek, SJBB - San Juan at Bluff Ridge, MECT - McElmo Creek Tributary, SJMH - San Juan at Mexican Hat																																																																																			
<b>8. Special Instructions</b> Boat crews are to notify SITL when getting underway and maintain a 2 hour comms schedule.  In the event of an emergency on the water contact 911. Swift Water Rescue can be contacted via 911 or 505-947-4156 (Farmington Fire Department) or 505-333-3123 (Chief Daughtery - County Fire).																																																																																			
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ASSIGNMENT LIST

ICS 204-CG (Rev 04/04)





## COMMUNICATIONS LIST (ICS 205A)

1. Incident Name: King Gold Mine Incident Region 9		2. Operational Period: Date From: 15AUG15 Time From: 0700		Date To: 16AUG15 Time To: 0700
3. Basic Local Communications Information:				
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)		
Incident Commander	Randy Nattis (EPA)	415-940-1108		
Incident Commander	Bret Moxley (EPA)	415-971-7720		
Planning Section Chief	Sheridan McClellan (USCG)	251-441-2348		
Deputy Planning Section Chief	Heather Clark (USCG)	336-406-4165		
Situation Unit Leader	Kathleen Dillon (USCG)	518-788-7264		
Safety Officer	Brian Mcinnis (USCG)	207-907-9718		
Operations Section Chief	Maggie Walden (EPA)	415-941-1109		
Community Outreach Branch Director	Amanda Pease (EPA R9 CIC)	858-603-2344		
Support Branch Director	Patrick Bennet (ERRS - EQM)	206-496-3281		
Community Outreach Navajo	Secody Hobbar (EPA)	415-972-3241		
Community Outreach Navajo	David Yogi (EPA R9 CIC)	415-760-5419		
Community Outreach Navajo	Lisa Reeves (EPA R9 CIC)	510-684-6507		
Navajo Incident Commander	LT Phillip Joe	505-320-7424		
Navajo Emergency Management	David Nez (Navajo Liaison)	928-206-2318		
Finance Section Chief	Kay Lawrence	415-235-0105		
Deputy Logistics	Jason Coury (ERRS -EQM)	206-276-0138		
Support Branch	Robert Wiscombe (ERRS - EQM)	208-756-7336		
Water and Ag Distribution	Dan Heister	206-605-6634		
Jet Boat Operator	John Bradley	702 985 7641		
Navajo Shiprock Council	Amber Crotty	928-871-6380		
JIC	Rusty Harris	970-812-3351		
Navajo Ranger	Lorenzo Lapahie	505-406-6612		
GST SAT Phone 881 622 454 203	AST SAT Phone 881 641 444 463	PST SAT Phone 881 631 459 766 EQM SAT Phone 881 622 443 753		
4. Prepared by: Name: Heather Clark		Position/Title: Deputy PSC		Signature:
ICS 205A	IAP Page _____	Date/Time: 14AUG15 - 0900		



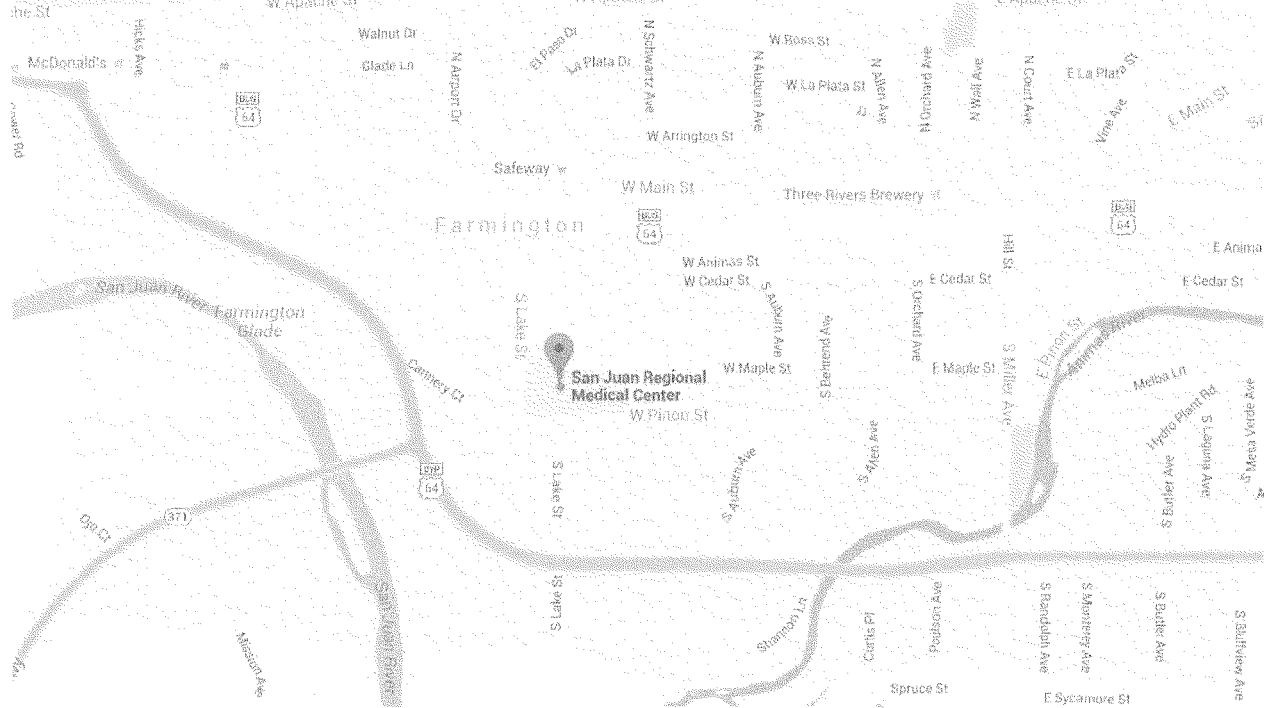
# MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> Gold King Mine Release - Region 9		<b>2. Operational Period:</b> Date From: 15AUG15 Time From: 0700		Date To: 16AUG15 Time To: 0700			
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Swift Water Rescue	Farmington Fire Department	505-947-4156	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Swift Water Rescue	San Juan County	505-333-3123	<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
San Juan Regional	Farmington, NM	911	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Basin Coordinated Health Care	210 N Orchard Ave. Farmington, NM	505-324-8269			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
San Juan Regional Medical Center	801 W Maple St Farmington, NM 87401	505-609-2000			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b> In the event of an emergency call 911. Transport patient if possible if far away from Farmington, NM. Contact the SOFR 609-234-0826 and immediate supervisor.							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by (Medical Unit Leader):</b> Name: Heather Clark (Dep PSC) Signature:							
<b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

## ICS 206 A

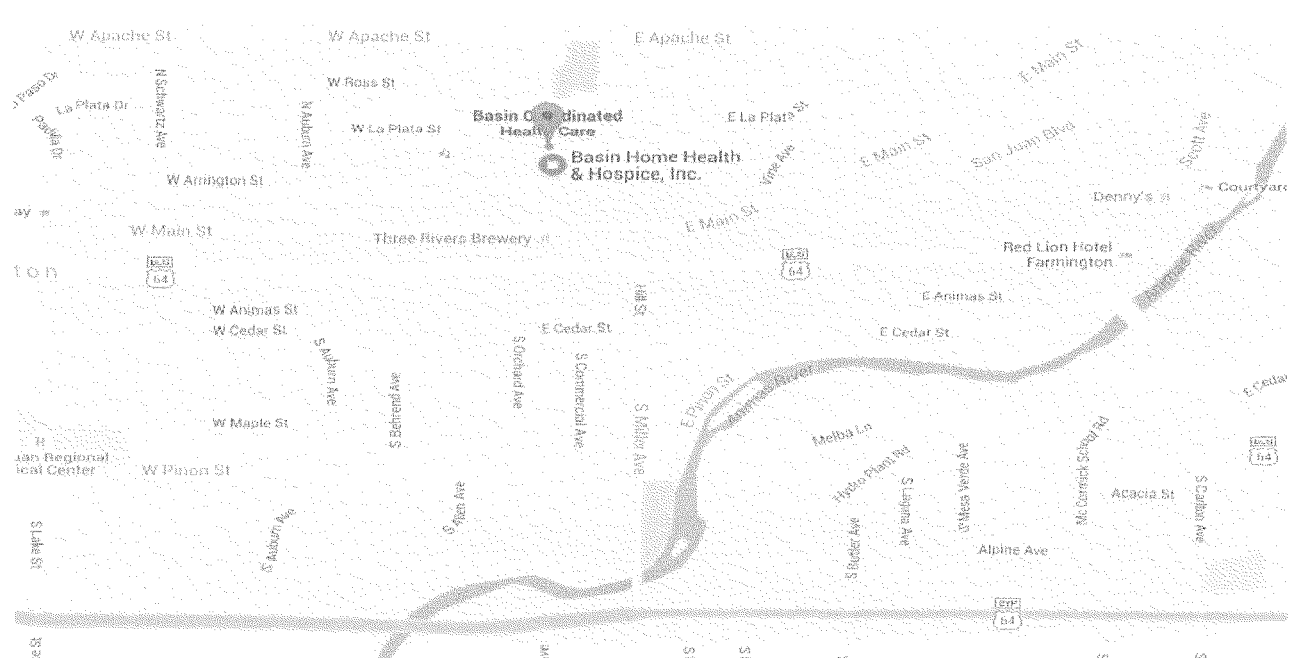
San Juan Regional Medical Center- 505-609-2000

801 W Maple St Farmington, NM 87401

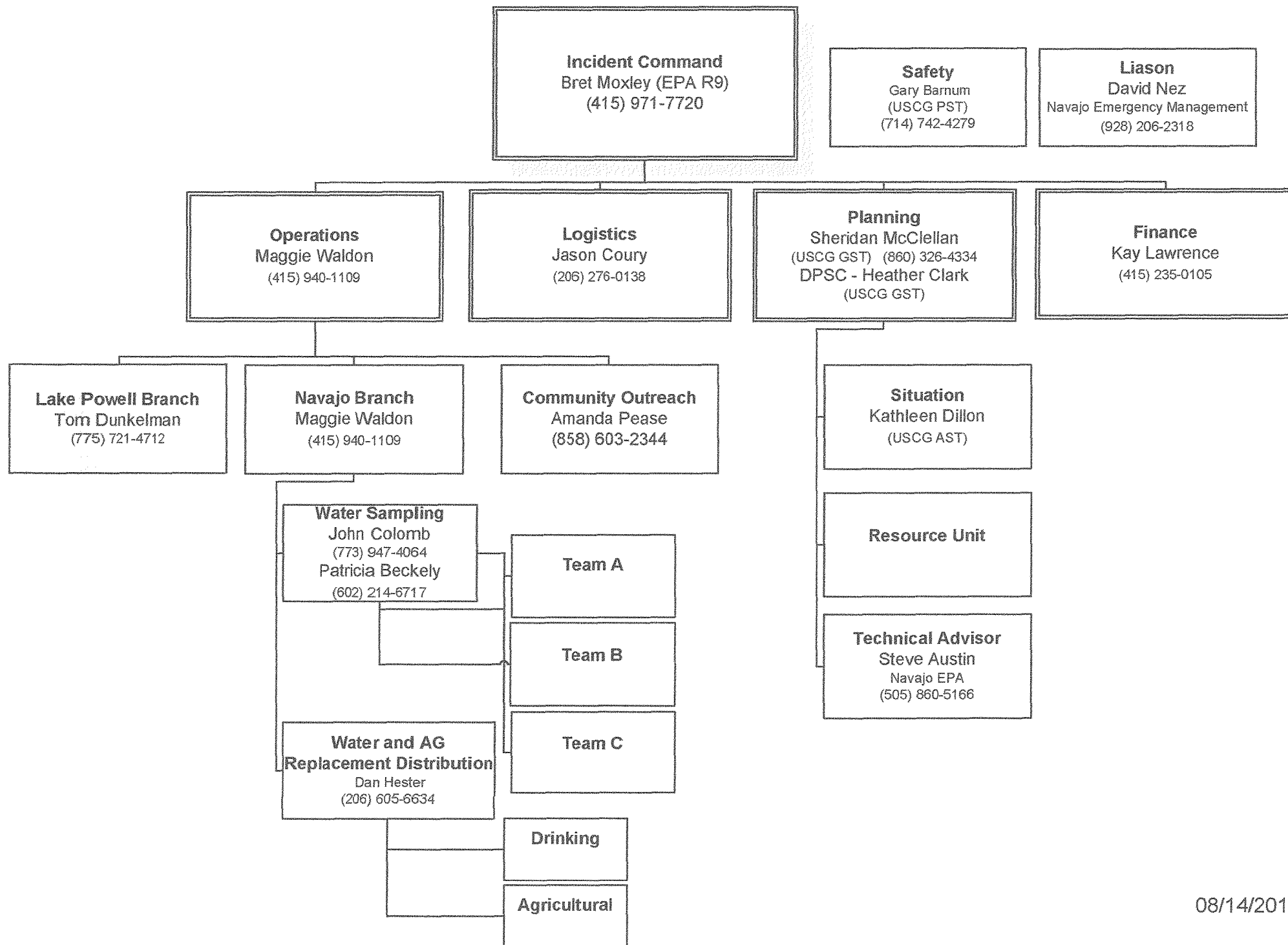


Basin Coordinated Health Care- 505-324-8269

210 N. Orchard Farmington, NM 87401




# EPA Region 9 – Farmington ICP




08/14/2015

<b>EMERGENCY SAFETY and RESPONSE PLAN</b>		1. Incident Name Gold King Mine Release		2. Date/Time Prepared 8/13/2015 1400		3. Operational Period		4. Attachments: Attach MSDS for each Chemical:							
5. Organization IC/UC: US EPA REGION 9		Safety: Gary Barnum (USCG PST)		Entry Team: Sampling and On-Water Teams		Backup Team: n/a		Decon Team: n/a							
6.a. Physical Hazards and Protection		6.b. Confined Space <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify)													
6.c. Tasks & Controls	6d Entry Permit	6.e. Ventilate	6f. Hearing Protection	6g. Shoes (type)	6.h. Hard Hats	6i. Clothing (cold wx)	6j. Life Jacket	6l. Work/Rest (hrs)	6.m. Fluids (amt/time)	6.n. Signs & Barricade	6.p. Fall Protect	6.q. Post Guards	6.r. Flash Protect	6.s. Work Gloves	6.t. Other
SAMPLING TEAM (SHORE)				ST TW				15min	1L/hr					NG	Vest
SAMPLING TEAM (ON WATER)			DBL	STTW			Y	15min	1L/hr					NG	
7.a. Agent	7.b. Hazards			7.c. Target Organs			7.d. Exposure Routes		7.f. PPE		7.g. Type of PPE				
Acid Mine Drainage (AMD)	Explosive <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Eyes <input type="checkbox"/>	Nose <input type="checkbox"/>	Skin <input checked="" type="checkbox"/>	Ears <input type="checkbox"/>	Inhalation <input type="checkbox"/>	Foot Wear <input checked="" type="checkbox"/>	STEEL TOE BOOTS						
	Flammable <input type="checkbox"/>	Carcinogen <input type="checkbox"/>	Central Nervous System <input checked="" type="checkbox"/>	Absorption <input checked="" type="checkbox"/>		Eyes <input checked="" type="checkbox"/>	SAFETY GLASSES								
	Reactive <input type="checkbox"/>	Oxidizer <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Throat <input type="checkbox"/>	Ingestion <input checked="" type="checkbox"/>	Gloves <input checked="" type="checkbox"/>	NITRILE GLOVES								
	Biomedical <input type="checkbox"/>	Corrosive <input checked="" type="checkbox"/>	Lungs <input type="checkbox"/>	Heart <input type="checkbox"/>	Liver <input type="checkbox"/>	Inner Suit <input type="checkbox"/>									
	Toxic <input checked="" type="checkbox"/>	Specify Other: <input checked="" type="checkbox"/>	Kidney <input type="checkbox"/>	Blood <input type="checkbox"/>	Lungs <input type="checkbox"/>	Splash Suit <input type="checkbox"/>									
		Heavy Metals	Circulatory <input type="checkbox"/>	Gastrointestinal <input type="checkbox"/>	Bone <input type="checkbox"/>	Other Specify: <input type="checkbox"/>	Membrane <input type="checkbox"/>	Level A Suit <input type="checkbox"/>							
								SCBA <input type="checkbox"/>	APR <input type="checkbox"/>						
								SAR <input type="checkbox"/>							
								Cartridges <input type="checkbox"/>							
								Sun Protection <input checked="" type="checkbox"/>	SUNSCREEN						
8. Instruments: N/A	8.a. Action Levels	8.b. Chemical Name(s):	8.c. LEL/UEL %	8.d. Odor Thresh Ppm	8.e. Ceiling/IDLH	8.f. STEL/TLV	8.g. Flash Pt/ Ignition Pt (F or C)	8.h. Vapor Pressure (mm)	8.i. Vapor Density	8.j. Specific Gravity	8.l. Boiling Pt F or C				
O2 <input type="checkbox"/>		N/A													
CGI <input type="checkbox"/>															
Radiation <input type="checkbox"/>		N/A													
Total HCs <input type="checkbox"/>															
Colorimetric <input type="checkbox"/>															
Thermal <input type="checkbox"/>															
Other <input type="checkbox"/>															

<b>EMERGENCY SAFETY and RESPONSE PLAN (Cont)</b>		<b>1. Incident Name</b> Gold King Mine Release		<b>2. Date/Time Prepared</b> 8/13/2015 1300		<b>3. Operational Period</b>		<b>4. Attachments: Attach MSDS for each Chemical</b>	
<b>9. Decontamination:</b> Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal <input type="checkbox"/> Suit/Gloves/Boot Disposal <input type="checkbox"/>		Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/> Specify:		Bottle Exchange <input type="checkbox"/> Outer Suit Removal <input type="checkbox"/> Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal <input type="checkbox"/>		SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal <input type="checkbox"/> Work Clothes Removal <input type="checkbox"/> Body Shower <input type="checkbox"/>		Intervening Steps <input type="checkbox"/> Specify:	
<b>10. Site Map.</b> Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North <input type="checkbox"/> Attached, <input checked="" type="checkbox"/> Drawn Below:									
<b>11.a. Potential Emergencies:</b> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Other <input type="checkbox"/>		<b>11.b. Evacuation Alarms:</b> Horn <input type="checkbox"/> # Blasts <input type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other: Verbal		<b>11.c. Emergency Prevention and Evacuation Procedures:</b> Safe Distance:					
<b>12. a. Communications:</b> Radio <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Other <input type="checkbox"/>		<b>12.b. Command #:</b> 714-742-4279- SOFR			<b>12.c. Tactical #:</b> n/a		<b>12.d. Entry #:</b> n/a		
<b>13.a. Site Security:</b> Personnel Assigned N/A		<b>13.b. Procedures:</b> N/A					<b>13.c. Equipment:</b> n/a		
<b>14.a. Emergency Medical:</b> Personnel Assigned: No		<b>14.b. Procedures:</b> All medical emergencies report to closest hospital (See ICS 206, Med Plan)					<b>14.c. Equipment:</b>		
<b>15. Prepared by:</b> Gary Barnum		<b>16. Date/Time Briefed:</b> 8/13/2015 1400					<b>ICS-208-CG SSP-A Page 2.</b> <b>(rev 9/06): Page 2 of 6</b>		

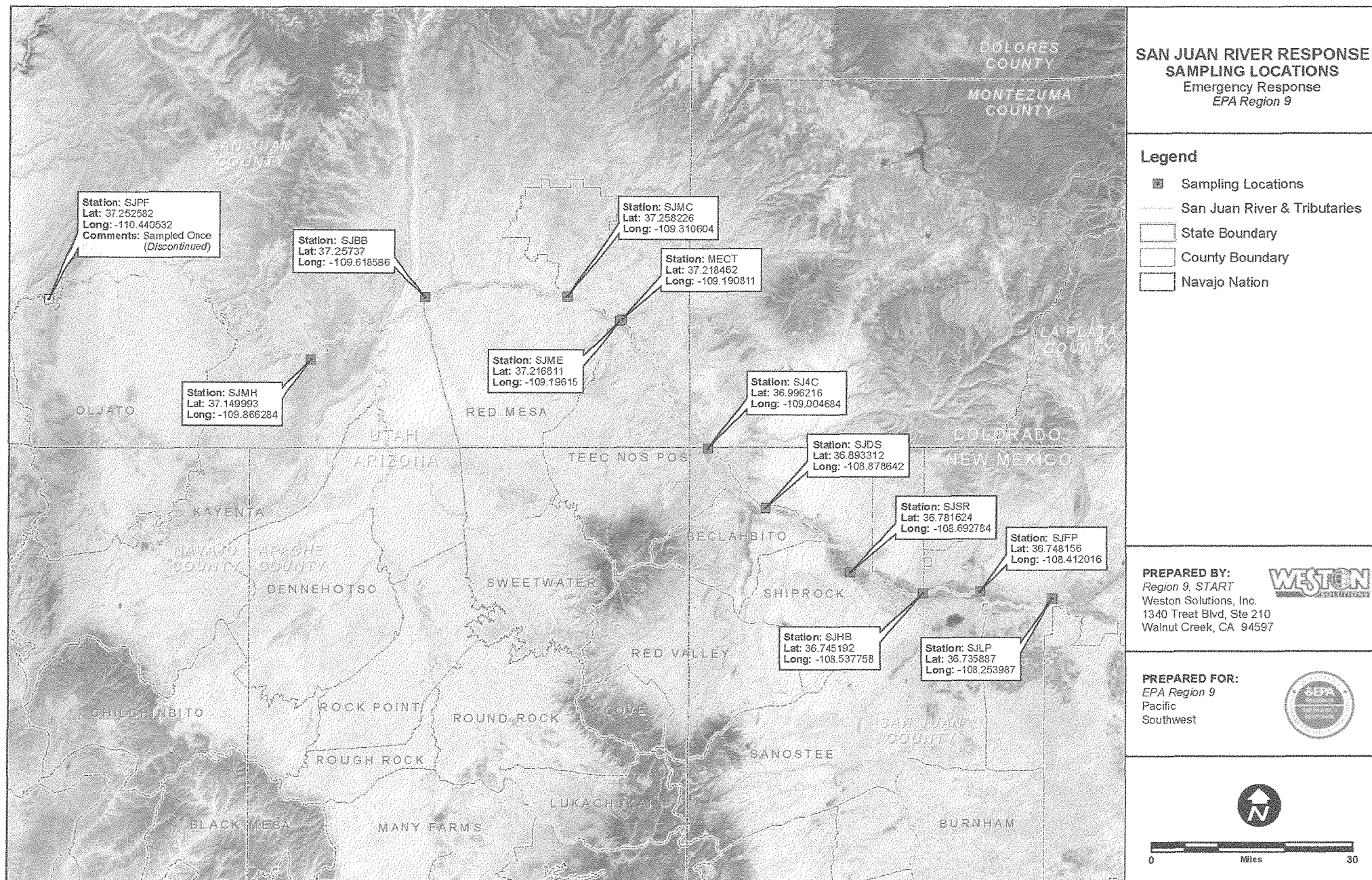
<b>CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL</b>	1. Incident Name Gold King Mine Release	2. Date/Time Prepared 8/12/2015 1300	3. Operational Period	4. Safety Officer (include method of contact) Gary Barnum (USCG PST) 714-742-4279
5. Supervisor/Leader Sampling DIV/GRP Suprvisors	6. Location and Size of Site <b>Animas/San Juan Rivers</b>	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Comments: <b>Animas/San Juan Rivers</b>	8. For Emergencies Contact: SOFR, Supervisor	9. Attachments: <b>Attach MSDS for each Chemical</b>
10.a. Job Task/Activity	10.b. Hazards* 	10.c. Potential Injury & Health Effects	10.d. Exposure Routes	10.e. Controls: Engineering, Administrative, PPE
Sampling Teams (LAND)	Fatigue Physical/Safety Toxic Heat Stress Drowning Driving Slips/Trips/Falls Snakes Insects	Potential crash Bumps/Scrapes/Cuts Skin Irritation/Organ Effects Heat Exhaustion Death Potential Crash Bumps/Scrapes/Cuts	Inhalation <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Rest Supplied PPE Supplied PPE Plenty of Water/ Rest PFD Rest and trade off driving PPE
Sampling Teams (ON WATER)	Fatigue Physical/Safety Toxic Heat Stress Drowning Driving Slips/Trips/Falls Snakes Insects	Potential crash Bumps/Scrapes/Cuts Skin Irritation/Organ Effects Heat Exhaustion Death Potential Crash Bumps/Scrapes/Cuts	Inhalation <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Rest Supplied PPE Supplied PPE Plenty of Water/ Rest PFD Rest and trade off driving PPE
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	
11. Prepared By: Gary Barnum	12. Date/Time Briefed: 8/13/2015 1300	*HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		<b>ICS-208-CG SSP-B (rev 9/06):</b> Page 3 of 6

<b>CG ICS SSP: SITE MAP</b>	1. Incident Name Gold King Mine Release	2. Date/Time Prepared 8/12/2015 1300	3. Operational Period	4. Safety Officer (include method of contact) Gary Barnum (USCG PST) 714-742-4279
5. Supervisor/Leader Sampling DIV/GRP Suprvisors	6. Location and Size of Site	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact: 911	9. <u>Include:</u> - Work Zones - Security Perimeter - Decontamination Line - Locations of Hazards - Places of Refuge - Evacuation Routes
10. Sketch of Site: <input checked="" type="checkbox"/> Attached. <input type="checkbox"/> Drawn Here  <p>Area of Work is Farmington, NM to Mexican Hat, AZ.</p>				
11. Prepared By: Gary Barnum (USCG PST)	12. Date/Time Briefed: 8/13/2015 1400	<b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		<b>ICS-208-CG SSP-C</b> (rev 9/06): Page <u>4</u> of <u>6</u>

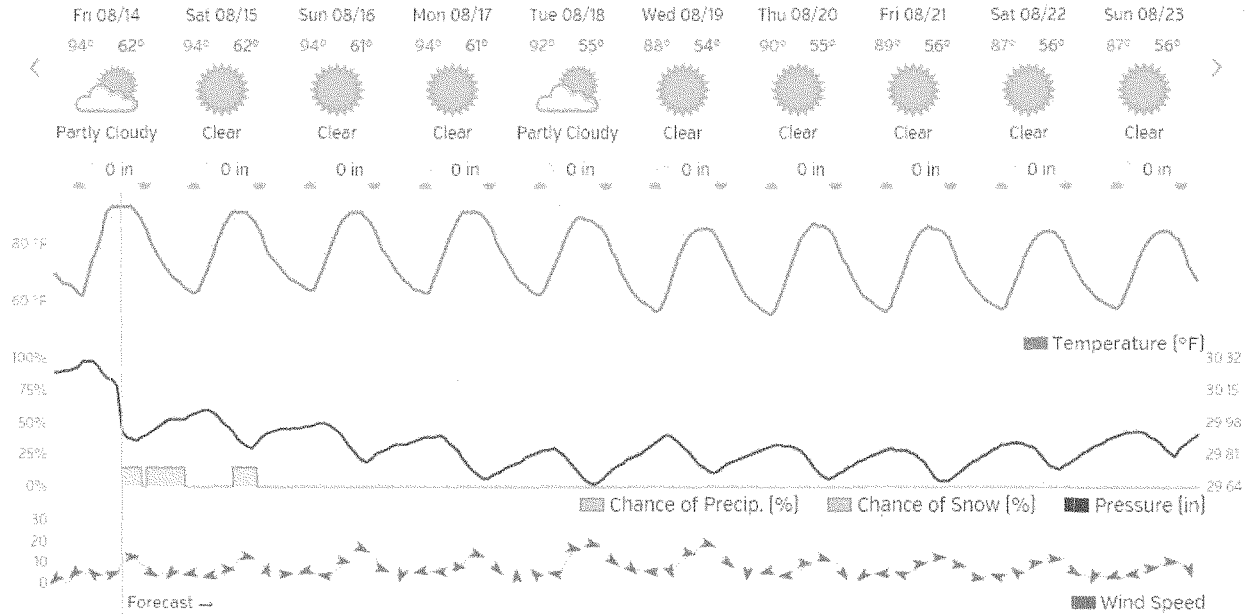
<b>CG ICS SSP: EMERGENCY RESPONSE PLAN</b>	1. Incident Name Gold King Mine Release	2. Date/Time Prepared 8/13/2015 1400	3. Operational Period	4. Safety Officer (include method of contact) Gary Barnum (USCG PST) 714-742-4279
5. Supervisor/Leader Sampling DIV/GRP Suprvisors	6. Location and Size of Site	7. For Emergencies Contact: 911		8. Attachments: <b>INCLUDE ICS FORM 206 and EMT Medical Response Procedures</b>
9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals	12. Emergency Personal Protective Equipment Required:	
Buddy System /Supervisor		Waving of Hands	NA	
13. Emergency Notification Procedures		14. Places of Refuge (also see site map form 208B)	15. Emergency Decon and Evacuation Steps	16. Site Security Measures
1. 911 2. Contact Supervisor 3. Contact SOFR		Closest Building/Vehicle	1. Move to closest hospital 2. See Supevisor 3. SOFR	N/A
17. Prepared By: Gary Barnum (USCG PST)	18. Date/Time Briefed: 8/13/2015 1400	<b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		<b>ICS-208-CG SSP-D</b> (rev 9/06) Page <u>5</u> of <u>6</u>



<b>CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT</b>	1. Incident Name Gold King Mine Release	2. Date/Time Prepared 8/13/2015 1400	3. Operational Period	4. Safety Officer (include method of contact) Gary Barnum (USCG PST) 714-742-4279
4. Supervisor/Leader Sampling DIV/GRP Suprvisors	6. Location and Size of Site	7. Hazards Addressed:		8. For Emergencies Contact: 911
9. Equipment:	Hearing Protection			10. References Consulted:
PFD				
Nitrile Gloves				
Steel Toe Boots				
Sunscreen				
Safety Glasses				
11. Inspection Procedures: 1. PFD- Look for tears broken zippers check size. 2. Nitrile Gloves- proper application, no tears, new glovs. 3. Steel Toe Boots- Proper Fit, no holes 4. Suscreen- apply before getting in sun 5. Safety Glasses- proper fit 6. Hearing Protection- Proper fitting	12. Donning Procedures: NA	13. Doffing Procedures: NA	14. Limitations and Precautions (include maximum stay time in PPE): NA	
15. Prepared By: Gary Barnum	16. Date/Time Briefed: 8/13/2015 1300	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		
<b>ICS-208-CG SSP-F:</b> <b>(Rev 9/06)</b> Page <u>6</u> of <u>6</u>				



## Farmington, NM



## Mexican Hat, UT

